

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Sm</i>		10/25/99
O.I.P.E. CLASSIFIER	<i>NY</i>		10/30/99
FORMALITY REVIEW		65918	11-9-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	6/4/02
2	✓	✓	6/4/02
3	✓	✓	6/4/02
4	✓	✓	6/4/02
5	✓	✓	6/4/02
6	✓	✓	6/4/02
7	✓	✓	6/4/02
8	✓	✓	6/4/02
9	✓	✓	6/4/02
10	✓	✓	6/4/02
11	✓	✓	6/4/02
12	✓	✓	6/4/02
13	✓	✓	6/4/02
14	✓	✓	6/4/02
15	✓	✓	6/4/02
16	✓	✓	6/4/02
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25	✓	✓	6/4/02
26	✓	✓	6/4/02
27	✓	✓	6/4/02
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29	✓	✓	6/4/02
30	✓	✓	6/4/02
31	✓	✓	6/4/02
32	✓	✓	6/4/02
33	✓	✓	6/4/02
34	✓	✓	6/4/02
35	✓	✓	6/4/02
36	✓	✓	6/4/02
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38	✓	✓	6/4/02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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